



Message from the President

Dear Colleagues,

It was great to meet with so many of you at the ICO Winter Meeting last December and again at the recent ophthalmology parallel session at the RCSI Charter Day where discussions were focused on examining models of shared care and the very latest technological advances in the speciality. I would like to thank Aisling Heffernan from the HSE for attending the Winter Meeting to update our members on the status of the Primary Eye Care Service Report and also to our invited guest speakers at the RCSI Charter Day. Reports on discussions from these key meetings are contained in this latest edition of the newsletter.

I am equally enthused by the outstanding international and Irish experts who will join us at The Slieve Russell Hotel from May 17th-19th for the ICO Annual Conference. We are delighted to welcome Professor Jonathon Crowston, the Ringland Anderson Professor of Ophthalmology at the University of Melbourne who will give this year's Mooney Lecture. Prof Crowston will also contribute to a glaucoma symposium, joined by Professor Augusto Azuara Blanco from Queens University Belfast and Mr Leon Au, Dual Specialist Ophthalmic Consultant from Manchester Royal Eye Hospital. A symposium on "New Developments in Ocular Imaging" will include a talk from Mr Pearse Keane from Moorfields London and Dr Alex Shortt, Clinician-Scientist at the UCL Institute of immunity and Transplantation. Sports psychologist and former rugby player Stephen McIvor, will give a talk taking on and tackling challenges at the "Adapting for Change" symposium.

As my Presidency term draws to a close, I would like to take this opportunity to sincerely thank all who contributed and supported me in the role. It has been a wonderful honour and I will continue to focus on the issues of particular importance at this critical time for our speciality as Clinical Lead. My very best wishes to my successor, Alison Blake, who I know will make an exemplary President.

With best wishes
PROFESSOR BILLY POWER



ICO Winter Meeting 2016 Integration of Community and Hospital Care

The ICO Winter Meeting took place in Dublin on December 1st, where members of the College gathered to discuss future plans for greater integration of community and hospital eye care.

Discussions at the meeting included examination of overseas models of community ophthalmic care. The ICO welcomed Andy Cassels-Brown, Consultant Ophthalmic Surgeon and Community Eye Health, Leeds Teaching Hospitals

Trust to share his experience of the model in operation in Leeds and also of international ophthalmic models.

Opening proceedings, ICO President, Billy Power introduced guest speaker Aisling Heffernan, National Programme Manager, Primary Care Division, HSE who provided an update on the status of the Primary Eye Care Services Review Group Report and outlined the core functions and objectives of the project.

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L-R: Guest speakers at the ICO Winter Meeting discussion on the integration of community and hospital care, Andy Cassels-Brown, Consultant Ophthalmic Surgeon and Community Eye Health, Leeds Teaching Hospitals Trust and Aisling Heffernan, National Programme Manager, Primary Care Division, HSE are pictured with Billy Power and Alison Blake.



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Aisling confirmed the advanced stage of the Report, due for publication in early 2017, along with the HSE Model of Eye Care Document from the National Clinical Programme in Ophthalmology.

The ICO welcomed the news that Minister for Health, Simon Harris has assured of the Government's commitment to prioritise and implement the Report recommendations and keys actions in 2017. Ms Heffernan confirmed that the HSE 2017 service and operational plan will include specific and measurable goals which will be continuously reviewed.

In her presentation, Ms Heffernan outlined the likely key recommendations and implementation plan, and the proposed initial priorities for 2017, including an action plan to address the immediate primary care paediatric eye services issues in the Dublin area. She also put forward the likely challenges and outlined the estimate planning process for the PCESRG report.

Primary Care Eye Services Review – Key Objectives

- Examine and document the primary care eye services currently provided to children and adults nationwide including HSE directly provided services and contracted primary care services
- Determine and document the need of the population for primary care eye services
- Review the current primary care eye services in terms of quality, safety and consistency and identify issues for actions
- Set out a blueprint with recommendations for the delivery of primary care eye services which will ensure a high quality, safe and consistent service for patients
- Put in place an action plan to address immediate primary care paediatric eye services issues in the Dublin area.

Likely Key Recommendations from the Review

- Establish primary care eye teams staffed by community ophthalmic physicians, optometrists, orthoptists, nurses and technicians.
- Resource the team appropriately with the equipment and clinical space needed (aim is for patients to be able to travel to multi-disciplinary teams with core equipment in situ, as opposed to outreach service clinics as much as possible).
- Establish governance system – via lead medical post per CHO.
- Procure a national eye care patient management system.
- Move as much care as possible for medical card patients from the acute to the primary care setting.
- Review the COSS and COSMTS
- Transfer of care for the over 8's to optometrists, as appropriate and as determined by the Community Ophthalmic Physician Lead in the governing role.

Since April 2016, the Review Group have had regular meetings with Department of Health to explore the draft report in more detail, and to discuss the development of a detailed implementation plan, profiled across 3 yrs, 5yrs and 10 yrs.

Ms Heffernan highlighted that there are many social factors to be examined in terms of each community health care organisation profile (social deprivation levels, medical care levels etc.) on the workforce planning side – all of which was informing the HSE estimates process. She confirmed that having this additional documentation really strengthened the HSE's business case through the estimates process.

The Review team made their presentation to the National Director for Primary Care and Primary Care Senior Management team in December 2016 and liaised with key stakeholders throughout the process to ensure all are informed and no unnecessary delays ahead of Leadership approval.

Outlining what the likely implementation plan will look like, Ms Heffernan forecasted that the report will be published in early 2017,

coinciding with the Model of Care document from the National Clinical Programme in Ophthalmology.

The implementation phase of key priorities and main work of the report will be carried out in the first 4 years, but Ms Heffernan predicted that it will realistically take 5-10 years before all elements of the programme are implemented.

The other main priorities include the recruitment of a dedicated programme manager and a clinical lead to oversee the implementation programme nationally and ensure consistency in services at each CHO throughout the country.

There should also be an implementation steering group to support the work of the Programme Manager and Clinical Lead as all groups will need to liaise closely with the National Clinical Programme for Ophthalmology and on selecting the sites for the primary eye care teams.

Support for the CHO's to recruit additional staff incrementally will also be prioritised.

Likely priorities for 2017 – action plans

- Recruit Programme Manager and Clinical Lead,
- Commence the review and update the COSS and COSMTS
- Complete procurement process for an eye care patient management system – acute and primary, allowing integration between 2 setting
- Complete a procurement process for modern eye care equipment for all CHOs
- Agree CHO sites for primary care eye teams, clinical rooms, storage facilities etc – Chief offices to be planning ahead for that.
- Terms of reference priority for year 1 will be recruiting additional staff for paediatric services in Dublin south and Dublin North – start straight away.

Examples of other models of primary care initiatives approved for funding and in early stage development were discussed during the meeting, including the Community Intervention Scheme which enables

the patient to transition from acute hospital to their home as soon as possible through the utilisation of nursing services and support and also the GP Minor Surgeries project, of which a trial of 22 practices nationwide has been in operation throughout 2016 and plans for further expansion in 2017 and beyond.

Both are key examples of ensuring the patient is looked after in the primary care setting and not unnecessarily referred to the acute hospital setting. Other projects underway include increasing GP access to ultrasound services in order to alleviate patient waiting lists. The HSE trialled out-sourcing of ultrasound in the South and West in 10 primary care centres. Urgent cases are seen within 5 working days and non-urgent within 10 days. Data shows that 85% of referrals are being kept out of the acute setting, therefore alleviating waiting list time. There are plans to expand the programme nationwide in 2017, where the option for hospitals to undertake an in-house model will be available with support from the HSE while others will opt for the outsourcing model. The HSE will compare the results and look at the long-term approach needed.

Actions from an approved report for audiology services in 2011 are in operation and receiving on-going funding. Ms Heffernan said the audiology model displays the need for a medical clinical lead in the community, and has been recognised as what is required for the ophthalmology model of care.

Ms Heffernan acknowledged how the metrics for ophthalmology community services have developed in the past 2 years and commended the work and support of Alison Blake and her colleagues in this area.

During the Q&A session, the need for the development of a robust electronic patient record was highlighted. Integration of hospital and community care will not be possible without the implementation of an electronic health record.

The HSE 2017 Service Plan which was published after the Winter Meeting prioritises the implementation of the review recommendations in 2017.

ICO invited to participate in Working Group to develop “Healthy Doctors Strategy”

ICO CEO Siobhan Kelly is participating in a new HSE working group to develop a strategy for doctor’s health and wellbeing.

The group is chaired by Dr Lynda Sisson, Consultant in Occupational Medicine and Clinical Lead for Workplace Health and Wellbeing Unit of the HSE.

The process commenced in January this year and consists of a core Working Group, and a number of Working Parties, to be established, as required, during the life of this Group.

Discussions at the inaugural meeting of the group examined a number of areas, including the broad aspirations for our doctors working environments, the goals on which progress can be measured and the organisation systems which exist and/or are necessary to ensure they can operate, build and maintain the key capabilities of our medical workforce.

It is anticipated that the group will meet on a monthly basis for the first half of 2017 and a report published by Q3.



Chief Executive, Siobhan Kelly was presented with her M.Sc in Leadership from RCSI President Prof John Hyland and NUI Chancellor Dr Maurice Manning at the RCSI Conferral Ceremony in The Convention Centre on November 17th 2016

Nurse administered botulinum toxin injection clinic at Beaumont ophthalmology department

The first nurse administered botulinum toxin injections were delivered to patients of Beaumont Hospital Neuro Ophthalmology Department in January.

Clinical nurse specialists, Ashling McCourt and Elaine Brennan carried out the injections under the supervision of Consultant Ophthalmic Surgeon, Ms Pat Logan and SpR Ms Caroline Bailey. Ashling and Elaine completed training courses in administering the botulinum toxin

injections to patients in advance of the clinic start up and an approved standard operation procedure has been drawn up.

The first session carried out under Pat Logan’s supervision in January was successful and met with approval from all patients, who when asked to participate in this innovation at the Beaumont Ophthalmology Department, were happy to consent.

On-going procedures and outcomes are being audited.

Patient Information Leaflets and Guidelines on the Consent Process launched at ICO Winter Meeting



Patricia Quinlan, Chair of the ICO Ethics Committee is pictured with Prof. Freddie Wood, President of the Medical Council, Greg Price, Assistant National Director, Quality Improvement Division, HSE and Angela Hughes, Programme Manager, Clinical Director Programme, Quality Improvement Division and Programme Lead for Consent Policy and Quality and Patient Safety, HSE at the launch of new Patient Information Leaflets and Guidelines on the Consent Process in Ophthalmology at the ICO Winter Meeting on Thursday, 1st December in The Gresham Hotel, Dublin.

New patient information leaflets and ICO guidelines on the consent process were launched at the ICO Winter Meeting.

The documents were developed by the ICO Ethics and Professional Standards Committee in recognition of the need to ensure greater support for patients as they consider the benefits and risks of a proposed procedure and equally to provide guidance to ICO members on best practice of the patient consent process.

In her opening address at the 'Good Practice Guidelines for Patient Consent in Ophthalmology' seminar, Patricia Quinlan, Chair of the Ethics Committee commented that the ICO takes its role in patient advocacy very seriously and the on-going work of the College has included the development of our code of ethical conduct, the guidelines on refractive surgery and on advertising regulation recommendations.

Patricia discussed that issues which must be addressed include the ever rising indemnity costs, the high patient expectation, the appalling trivialisation of surgical procedures that doctors come face to face with on a daily basis and the increasing number of malpractice suits. Equally, the problems patients' face which can make it hard

for them to have a full understanding of their condition and the proposed treatment were acknowledged, including overcrowding of clinics, lack of privacy and time.

Delegates were referred to the definition of consent in the HSE National Consent Policy document as "the giving of permission or agreement for intervention following a PROCESS of communication about the proposed intervention", i.e. it's not just a signature on a form.

The policy outlines that a patient must have received sufficient information in a comprehensible manner about the nature, purposes, risk, benefits and merits to the intervention and mustn't be acting under duress and must have the capacity to make the decision. The Assisted Decision Making Act 2015 was enacted to ensure a person who has limited capacity to make an informed decision can formally appoint a family member or friend to help them through the process.

The important factors which enable a patient to reach an informed consent decision include adequate time, providing the information in clear and accessible way for the patient and having a relative present.

A patient must be told the diagnosis and prognosis, including any uncertainties, the options, including the option not to treat, and the purpose of the procedure and what it will involve, the potential benefits and risks and the likelihood of success, and the option of any alternative procedure. The patient needs to be warned if their particular circumstances could impact on their risk. They should be asked if they have understood the information and questions should be answered fully and honestly. The patient should be given down time to consider their decision.



(L-r) Angela Hughes, HSE, Patricia McGettrick, Billy Power, Louis Collum, Prof Freddie Wood, President of the Medical Council, Patricia Quinlan and Asim Sheikh, Barrister at Law.

Orbis Flying Eye Hospital – Medical Sector Event

The ICO patient information leaflets continue to be a work in progress and the College would like to thank members who have given feedback to date, an essential part of the process in ensuring the documents include the most relevant and important facts for patients.

The leaflets and consent guidelines are available to download in PDF format on the ICO website and used in your clinics or patients can be directed to the site. In order to ensure the information is accessible to all, the documents have also been produced in audio and Clear Print format in collaboration with the NCBI.

Members can contact the office directly if they would like to arrange to order printed copies. The first series of leaflets explain to patients the recommended treatment for cataract, wet AMD, diabetic macular oedema, retinal vein occlusion, strabismus and glaucoma. The College plans to extend on this current list and would ask that any member who feels they could assist, to please contact the ICO office or the Ethics Committee.

The ICO wish to thank and acknowledge the extensive work of the Ethics Committee in preparing the documents and the invaluable contribution made by Mr A Sheikh, Barrister-at-Law in developing the consent guideline document, and of our colleagues Kathryn McCreery and Jeremy O Connor who researched statistics, devised, and provided us with patient information leaflets relative to their surgical sub-specialty.

Speaking at the launch, Greg Price, Assistance National Director of the Quality Improvement Division at the HSE commended the ICO on the publication of the documents and said: "Person-centred care is about putting the patient, their family members and carers at the heart of their treatment and empowering them to be partners in decision making. These information leaflets published by the ICO will enable patients to understand the procedure that they are undertaking, to seek further information if they need it and to make decisions that are best for them."

Professor Freddie Wood, President of the Medical Council also attended the ICO Winter Meeting and expressed his support of the work of the College in this regard.

As part of the European Tour, Orbis will be showcasing the world's only Flying Eye Hospital to their Irish supporters at Dublin Airport from 2-5 March 2017.

Orbis are holding a series of events during the four day programme and plan to welcome over 500 individuals on board the

specially designed and converted MD-10 aircraft to learn more about it and the sight-saving work it enables. The aircraft service is the result of a unique and lasting alliance forged between the medical and aviation industries to bring ophthalmic training to communities through long term partnerships with hospitals and eye care institutions, and through the online learning platform, Cybersight.



Through these variety of tools Orbis train and share resources with the entire eye care team, from health workers in rural clinics to eye surgeons in urban centres.

On Saturday 4 March 2017 (from 1.30pm – 4pm)

Orbis will host a special Medical Sector reception for 60 individuals. There will be a chance for all guests to join a fully guided tour of the aircraft and hear from the medical team involved in the operation of this one of a kind hospital. You will also hear from Irish members of the Orbis Volunteer Faculty, including Donal Brosnahan. You will also have the opportunity to view an exhibition on Orbis through the years.

For more information, visit Orbis.org website.

National Advisory Council for Patient Safety

Minister for Health Simon Harris has announced the establishment of a new National Patient Safety Office (NPSO).

Speaking at the inaugural National Patient Safety Conference in Dublin Castle on December 8th, Minister Harris said, "The establishment of the National Patient Safety Office is a key milestone in providing sustainable leadership for patient safety policy and innovation. This Office will focus on patient safety legislation; the establishment of a national patient advocacy service; introduction of a patient safety surveillance system; extending the clinical effectiveness agenda; a national patient experience survey; and the setting up a National Advisory Council for Patient Safety. Within the programme of legislation, we intend

to progress the licensing of our public and private hospitals, the Health Information and Patient Safety Bill and provisions for Open Disclosure."

Mr Harris said the role of the Council "will be to provide advice and guidance to inform the policy direction for the Department of Health's new National Patient Safety Office in its delivery of three core functions; patient safety surveillance; patient advocacy; and building further the work of the National Clinical Effectiveness Committee."

The Minister will appoint members to the Council in 2017 to guide the work of the Office. The Council will have an independent chair, significant representation from healthcare leaders and from patients.

Medical Ophthalmology Sub-Specialty Training Day

The first in a series of subspecialty training days for medical ophthalmology took place on January 27th in the Education and Conference Centre at the Royal Victoria Eye and Ear Hospital.

The focus of the first training day, attended by approx. 35 doctors, was on the use of intravitreal injections in AMD, and included lectures on diagnosis and management and a practical session on injection technique. The meeting was chaired by Fiona Kearns.

Dara Kilmartin opened the meeting with a lecture on 'OCT and Fluorescein Angiography'. He also discussed the huge pressure on the retinal services on the management and treatment of this condition and the need for combined care with Medical Ophthalmologists.

Mairide McGuire gave a lecture on 'When to cease treatment', followed by Sarah Gilmore who gave a lecture on 'Intravitreal injections – from door to needle'. This was followed by a practical session on intravitreal injections with work stations and simulated with pigs eyes and needles.

This was the first study day with a practical element for medical ophthalmologists and chair Fiona Kearns said members found this very

helpful, reporting that medical ophthalmologists as a group would be very interested in being more actively involved in the management and treatment of their patients with AMD.

The ICO is conducting a preliminary survey around the country to check the feasibility of this. Further subspecialty training days focusing on OCT and an AMD workshop day will take place in the coming months. Details will be circulated to members in due course.



L-R: Fiona Kearns, Beaumont Hospital, Sarah Gilmore, Mater Misericordiae University Hospital and Mairide McGuire, Sligo General Hospital, pictured at the first in a series of sub-specialty training day for medical ophthalmology which took place on Friday, 27th January at the Education and Conference Centre, Royal Victoria Eye and Ear Hospital in Dublin.



ICO members pictured at the first in a series of sub-specialty training day for medical ophthalmology which took place on Friday, 27th January at the Education and Conference Centre, Royal Victoria Eye and Ear Hospital in Dublin.

Winners of Bayer/ICO Clinical Fellowship Announced at Eye Doctors Annual Winter Meeting

The College is delighted to announce that senior trainees, Elizabeth McElnea and Andrea Ryan, have been awarded as joint winners of the inaugural Bayer/ICO Clinical Fellowship in Ophthalmology 2016/2017.

The announcement was made at the ICO Annual Winter Meeting. Elizabeth will start her fellowship at Macclesfield District General Hospital in Cheshire this year to complete training in ophthalmic plastic lacrimal, orbital and reconstructive surgery.

Andrea is currently carrying out a fellowship in medical retina at Moorfields Hospital in London. Speaking at the announcement, she said, "I am extremely grateful to the ICO and Bayer for the funding provided which allows me to access this invaluable training opportunity in one of the world's leading eye hospitals. I hope to bring the expertise gained to the Irish healthcare system to benefit the large and growing population of Irish patients affected by retinal disorders."

Andrea said the key objective of the fellowship is to move towards becoming competent to specialist level in the assessment, diagnosis,

treatment and follow-up of patients with medical retina disease including retinal vascular, genetic and uveitic disorders. The fellowship offers exposure to novel retinal imaging techniques, electro-diagnostics, research opportunities and extensive teaching sessions under the supervision of experts in the field.

Elizabeth McElnea's chosen fellowship at Macclesfield District General Hospital in Cheshire will commence in July 2017. The Fellowship also presents Elizabeth with the opportunity to attend multi-disciplinary meetings and teaching sessions in three further centres in the United Kingdom – the Royal Liverpool Hospitals NHS Trust, The Central Manchester Foundation NHS Trust and The Christie Hospital as well as the chance to produce a body of research work that adds to the evidence based practice of this ophthalmic surgery sub specialty.

The ICO would like to thank Bayer

for their support in facilitating the winning ICO trainees to undertake an exceptional training opportunity in their chosen overseas centres of excellence in the field of ophthalmology. We acknowledge the tremendous benefit this will have to their training experience and in turn the Irish health service.

Katy Carroll, Business Unit Manager of Bayer Ireland congratulated the recipients and said, "As this is the first year of the award, we look forward to hearing the winners describe how this has helped to develop their careers when they return to Ireland so they can inspire future applicants."

Ophthalmology waiting lists to be among the specialties prioritised in NTPF 2017 Budget Plan

The National Treatment Purchase Fund has confirmed that ophthalmology is to be among the specialties prioritised for funding in the NTPF budget plan for 2017 to tackle the longest waiting public patients. The announcement was made during the launch of the NTPF Plan at a meeting of healthcare professionals attended by Minister for Health Simon Harris on January 19th.

The fund will initially target resources on patients waiting over 18 months, particularly for day cases and expects to begin arranging by April.

Tender documents were issued to all private hospitals in January that have expressed an interest in providing treatment. This is the first time since 2011 that the NTPF has been given the job of arranging treatment for patients.

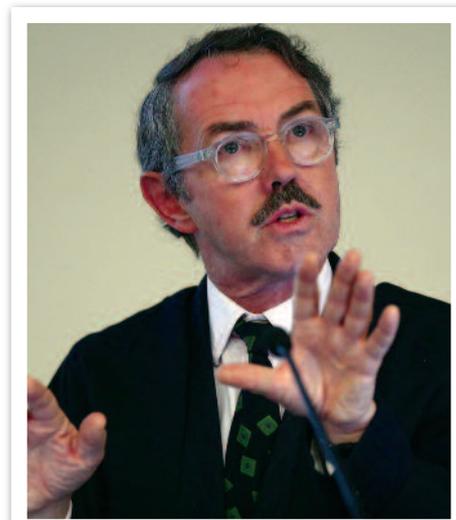


Winners of the inaugural Bayer/ICO Clinical Fellowship in Ophthalmology 2016/17, Andrea Ryan (centre) and Elizabeth McElnea (2nd from left), pictured with Yvonne Delaney, ICO Dean of Postgraduate Education (far left), Katy Carroll, Business Unit Manager and Neil O'Connor, Product Manager, Specialty Medicine of Bayer Limited at the announcement which took place during the ICO Winter Meeting in the Gresham Hotel on December 1st

Annual Montgo

Mr Frank Larkin, Consultant Ophthalmic Surgeon, Moorfields Hospital, London presented the Annual Montgomery Lecture at Trinity Biomedical Science Institute, Dublin on Thursday, December 1st, 2016.

Mr Larkin's lecture entitled "*Accepting the Unacceptable: Prevention and Treatment of Rejection of Donor Cornea*" illustrated the varied appearances of corneal transplant rejection, immune privilege of donor cornea and its erosion, pathways to rejection, and the management of high rejection risk patients in 2016. Mr Larkin undertakes or supervises over 150 transplants annually.



Mr Frank Larkin, Consultant Ophthalmic Surgeon, Moorfields Hospital, London.



Maeve Rhatigan with Rory Murphy and Barry Power.



Mr Andy Cassels-Brown, Leeds Teaching Hospitals Trust, Princeton Lee, Paul Moriarty



Kevin Kennelly with David Guildea and Yvonne Delaney.



Alain Munier and Caitriona Munier.

omery Lecture



Tim Fulcher, Frank Larkin, Paul O'Brien, Professor Martina Hennessy, School of Medicine, Trinity College Dublin, Billy Power and David Keegan.



Pat Logan and Gerry Fahy.



Peter MacManus and Garry Treacy.



Siobhan Kelly and Emily Hughes



Alison Blake and Marie Hickey-Dwyer.



Jeremy O'Connor and Louis Collum.

EBO Report

The European Board of Ophthalmology (EBO) was founded in 1992. It is the permanent working group of the Ophthalmology Subspecialty Section of the European Union of Medical Specialists (UEMS).

The Board has been given the task of overseeing the standard of ophthalmology training. The national delegates of the Board include clinicians and academicians with specific ophthalmological skills, expertise and a broad geographic distribution. Two delegates are nominated from each country of the European Union, Norway and Switzerland by the National Ophthalmological Societies. The Union Européenne des Médecins Spécialistes (UEMS) advises the European Union on matters related to specialised medicine and is thus the direct link with the European offices.

The late Professor Peter Eustace (Chair) and Mr John Nolan represented Ireland at the inaugural meeting of the Board.

The Education Committee is in charge of the European Board examination. At the third EBO meeting in Rome in October 1993, the principle of the European examination was accepted.

The first EBO examination was

organised by Peter Eustace in Milan in June 1995, with 45 candidates. Since then the examinations are held on a yearly basis in Paris, at the Palais des Congrès in Porte Maillot. The format introduced by Peter Eustace is still in operation.

The Peter Eustace Medal was established by unanimous decision of General Assembly of the European Board of Ophthalmology in Tallinn on 20th June 2010 as a mark of appreciation for Peter's outstanding contribution to the Board.

The Peter Eustace Medal is given to an ophthalmologist who has devoted long term and exceptional efforts towards upgrading education in ophthalmology in Europe. In 2015, Professor Marie José Tassignon was awarded the medal and in 2016, Dr. José Luis Menezo was the recipient.

A record-breaking 619 candidates from 26 European countries took part in the European Board of Ophthalmology Diploma (EBOD) examination in 2016. The EBOD examination is designed to assess the knowledge and



Alison Blake pictured at the 71st Plenary Assembly of the U.E.M.S. Section of Ophthalmology/EBO, RCSI, Dublin, in June 2016.

clinical skills requisite to the delivery of the highest standards of ophthalmic care both in hospitals and in independent clinical practices. The exam helps to harmonise and compare ophthalmology training programmes throughout the EU.

The European Board of Ophthalmology was recognised by the American Academy of Ophthalmology for its strong and sustained partnership with the Academy in developing and formally endorsing the Basic and Clinical Science Course for use in Europe, and for the EBO's success as a certifying body. The Special Recognition award was accepted on behalf of the EBO at the opening session of the 2016 AAO Annual Meeting in Chicago, USA by EBO President, Dr. Peter J Ringens, from The Netherlands. Presenting the award were AAO President Dr William L Rich and AAO Chief Executive Officer Dr. David W Parke. The Special Recognition Award is presented to an individual or organisation for outstanding service in a specific effort or cause that improves the quality of eye care.

The European Board of Ophthalmology Diploma is the exit appraisal for the Specialty Training in Ophthalmology programme in Ireland. Trainees must be in their 4th year of training and have passed the MRCSI to be eligible to sit the examination.

Successful candidates are awarded the EBO diploma and when they are



Prof Michelle McNicholas pictured with Gerry O'Connor and his wife Edel and Anne Hyland pictured at the 71st Plenary Assembly of the U.E.M.S. Section of Ophthalmology/EBO, RCSI, Dublin, in June 2016.



Professor Peter Ringens, Kamel Khalid, Denise Curtin, Daniel Coakley, Samla Babiker, Helen Ntomchukwu, Marie Hickey Dwyer, Aine Ni Mhealoid, Professor Edourdo Midena pictured at the EBO Exam in Paris, May 2016.

eligible to be included on the Specialist Register as Ophthalmologists in Ireland they are awarded the title of FEBO (Fellow of the European Board of Ophthalmologists).

Examiners from Ireland travel annually to Paris for the oral EBO examination.

Marie Hickey Dwyer has examined 19 times in Paris. Marie holds the national record for outstanding support to the EBO examination.

Gerry O'Connor has completed his second term as national delegate and examiner. The ICO acknowledges the unique contribution of Mr O'Connor and thank him sincerely for his commitment to Education and training.

In June 2016 the UEMS/EBO AGM was held in Dublin. National delegates Alison Blake, Denise Curtin and Gerry O'Connor provided invaluable input to the organisation of this meeting. The ICO provided excellent support for the event.

The Minister for Health Simon Harris attended the dinner held at the RCSI on June 11th 2016. Other notable delegates included Billy Power, President ICO, Professor John Hyland, President RCSI, John Duddy, President IMO, Professor Peter Ringens, President EBO, and Dr. Hank Bonnemaier President UEMS. John Nolan and Aoife Doyle, past national delegates also attended.



Aine Ni Mhealoid and Denise Curtin pictured at the EBO Exam in Paris, May 2016.



John Nolan pictured with Dr Hanne Olsen, Denmark and Dr Jean Paul Dernouschamps, Belgium at the UEMS/EBO meeting in Dublin, June 2016.



Marie Hickey Dwyer pictured with Dr. Gordana Sunaric Mégevand, Switzerland, and Dr Catherine Creuzet Garcher, France, at the UEMS/EBO meeting in Dublin, June 2016.

ICO Annual Conference 2017

The 2017 ICO Annual Conference will be held in the Slieve Russell Hotel, Cavan from the 17-19th May.

We look forward to welcoming glaucoma expert Prof Jonathan Crowston, the Ringland Anderson Professor of Ophthalmology, University of Melbourne and Managing Director of the Centre for Eye Research Australia (CERA) who will give this year's Mooney Lecture and will also contribute to a glaucoma symposium.

Jonathan is a practising glaucoma specialist clinician at the Royal Victorian Eye and Ear Hospital. He trained at Moorfields Eye Hospital, London and was awarded a PhD for work on ocular fibrosis at the Institute of Ophthalmology, University College London in 2000. He subsequently completed Glaucoma Fellowships at the University of Sydney and UC San Diego where he then joined the glaucoma faculty, prior to moving to Australia in 2006.

Jonathan's multi award winning research is focussed on understanding why ageing predisposes to optic nerve disease and in particular focussing on neuroplasticity and the potential for retinal ganglion cell recovery. He serves as a director on a number of boards including CERA, ORIA, World Glaucoma Association, CERA Technologies Pty Ltd, Et al Research Pty Ltd, Oculo and Sight for



Pearse A. Keane, Consultant Ophthalmologist, Moorfields Eye Hospital, London and an NIHR Clinician Scientist, based at the Institute of Ophthalmology, University College London (UCL),

All. He is the recipient of the 2016 Peter Watson Medal from Cambridge Ophthalmology Society and the inaugural recipient of 2016 ARVO David L Epstein Award recognising outstanding research in Glaucoma and for mentoring young clinical investigators.

The ICO also looks forward to welcoming Professor Augusto Azuara Blanco from Queens University Belfast and Mr Leon Au, Dual Specialist Ophthalmic Consultant from Manchester Royal Eye Hospital to present at the glaucoma symposium.

Augusto has focused much of his academic career and research expertise in trying to improve patient care and investigating the efficacy, efficiency and safety of new developments for eye diseases, including intervention, diagnostic tests and models of eye care. He is the chief Investigator of an international multi-centre RCT comparing primary lens extraction versus laser iridotomy in patients with angle-closure glaucoma and an UK-based multi-centre diagnostic study evaluating automated imaging technologies in glaucoma.

Leon Au's major areas of expertise are glaucoma, cornea related problems, external eye disease and cataract. He is considered one of the international leaders in innovative Minimally Invasive Glaucoma Surgery (MIGS) and conducts clinical trials in many of these new technologies.

A symposium on "New Developments in Ocular Imaging" will also feature at this year's ICO Conference and will include a talk from Mr Pearse Keane, Consultant Ophthalmologist at Moorfields Hospital London. Pearse specialises in applied ophthalmic research, with a particular interest in retinal imaging and new technologies and was listed 4th in the Ophthalmology Power List of 2015. He carried out OCT research with the original inventors of the technology at



Prof Jonathan Crowston, the Ringland Anderson Professor of Ophthalmology, University of Melbourne and Managing Director of the Centre for Eye Research Australia (CERA).

the Doheny Eye Institute, US. His work focuses on late stage development, clinical testing and translation of new imaging technologies into clinical practice, and the novel application of these devices for the generation and validation of anatomic biomarkers, for use in trials and in routine clinical practice. In January 2015 he was awarded a "Clinician Scientist" award from the National Institute of Health Research (NIHR) – the first ophthalmologist in the UK to receive the award – and his remit is to explore the potential of new medical technologies and innovation in the treatment of visual impairment and blindness, with a particular focus on ophthalmic imaging. Keane predicts that increased miniaturisation of OCT devices and their use to perform comprehensive, automated eye exams will transform ophthalmology.

Pearse will speak about the exciting and innovative collaboration between Moorfields Hospital and Google DeepMind during his talk at the ICO Annual Conference.

Dr Alex Shortt, Wellcome Trust Fellow and Clinician-Scientist, UCL Institute of immunity and Transplantation will also present at the imaging symposium on the latest developments and technologies in anterior segment imaging.

Alex is a clinician scientist who has



Professor Augusto Azuara Blanco from Queens University Belfast

undertaken joint academic and clinical training in ophthalmology through the NIHR's Integrated Academic Training programme. Having been awarded his PhD in 2009 he then completed an NIHR Clinical Lectureship at the NIHR Biomedical Research Centre at Moorfields and the UCL Institute of Ophthalmology followed by two cornea and external disease fellowships at Moorfields Eye Hospital. Over the past 10 years, Alex's research has focused on the development of cell therapies for corneal and conjunctival disease. He is about to commence a prestigious 4-year Wellcome Trust Clinician Scientist Award investigating the response of the recipient's immune system to engrafted stem cells.

The College is delighted to welcome Hadas Levy, Psychologist from the Royal College of Physicians Ireland to speak at the 'Adapting for Change' symposium.

Hadas is an expert on doctors' health and wellbeing and will talk about doctors developing resilience and dealing with burnout (how to recognise and guard against it), negotiating skills and how to influence people. Hadas will be joined by sports psychologist and former rugby player Stephen McIvor who will discuss taking on and tackling the challenge and opportunity for change and aiming for progress.

Other guest lecturers at this year's ICO Annual Conference will include Professor of Ophthalmology and Neuro-ophthalmologist in Andara,



Dr Alex Shortt, Wellcome Trust Intermediate Fellow and Clinician-Scientist, UCL Institute of Immunity and Transplantation.

Turkey, Pinar Aydin O'Dwyer who will give a talk entitled 'Ophthalmology in Art'.

Pinar will explore visual art compositions and the many diagnostic procedures and diseases which have been observed and expressed by artists, illustrating what they have experienced and what moved their artistic instinct.

Amongst those tests are visual loss optic neuritis, visual field examination, including the Amsler chart, examination of functional visual loss, and some eye movement examinations can also be observed in visual art works. Endocrinological diseases causing ophthalmic complications have also been a subject for painters as well as other congenital and acquired diseases, and infra and supra nuclear eye movement disorders. While painters painted "patients", they also painted through their own eye diseases.

Looking at these paintings we learn that the artists were not only good observers, but also had a very unique approach to the patients with pathologies.

Abstract Submission – ICO Annual Conference 2017

The submission of abstracts is now invited for the ICO Annual Conference 2017.

Closing date is Monday, 20th March.

Abstract form is available to download and further details at www.eyedoctors.ie

AAO ONE Network Global Directory Service

The ICO would like to remind our members of the resources available to you through the AAO ONE Network. The recent updates include member access to a greater extent of new content, such as a library of 3,500 free clinical images, basic skills courses, master class videos and self-assessments

At AAO 2016 in Chicago, a new directory called the Global Directory of Training Opportunities was launched. It serves as a clearinghouse for what the AAO hope will be all ophthalmic training opportunities open to ophthalmologists outside of the United States. The directory was created in response to requests received from young ophthalmologists seeking information about observership and fellowship opportunities.

The directory can be searched by subspecialty and region of the world and includes contact information, should you want to pursue a training opportunity and a space for public comments.

We also encourage members to list a training opportunity if your institution or practice wishes to be included in this comprehensive directory.

Enter the 2017 International EyeWiki Ophthalmologists Contest

EyeWiki, the AAO eye encyclopedia written by ophthalmologists, is an excellent authoring opportunity for ophthalmologists worldwide.

To enter the 2017 International EyeWiki Ophthalmologists Contest, you must be the sole author of your article, it must be wholly original work, and must be added to EyeWiki by June 1, 2017.

Instructions for entry are available on the ICO website under our members section or visit the AAO website www.aao.org

RCSI Charter Day – Ophthalmology Session

A parallel session on ophthalmology featured at this year's RCSI Annual Charter Day Meeting on Friday, 10th February.

The session entitled *'The use of modern technology to deliver better eye care'*, explored cutting edge technology influencing the delivery of eye care and included presentations from David Keegan and Colm O'Brien, Mater Misericordiae University Hospital, Dublin; Professor Roshini Saunders, NHS Fife's Queen Margaret Hospital, Dunfermline, Scotland; Professor Julie Silvestri, Royal Victoria Hospital, Belfast; and Conor Murphy and Paul Kenna, Royal Victoria Eye and Ear Hospital in Dublin.

In his presentation, David Keegan discussed the latest figures and projections in relation to patients in Ireland with retinal disease, the ever growing demands on the intra vitreal injection service and explored both the existing and potential surrounding the greater use of integrated technology in the delivery of eye care services.

David discussed the innovations around new therapies and treatments for the three main areas of retinal disease, and how we can deliver a linked up system where patients or a group of patients can be appraised and the right treatment selected for them. The significance of the use of Optimize in the National Diabetic Screening

Service was highlighted, an integrated big data system which helps to look at evolving patterns and trends and provides real time results and vision on this, all underpinned by quality standards and treatment practice guidelines.

David explained that there are key criteria for diagnosing and defining Diabetic Retinopathy and that this is what lends diabetes to photographic grading, trained graders and automated grading systems, in so far as patients can be diagnosed and referred appropriately. It is estimated that around 10,000 diabetics require treatment at the 8 national treatment centres. These patients have been filtered from approx. 93,000 patients who attend the screening centres (122 locations) across Ireland. The first run of predictions on the impact of the service on the health service indicated that with full penetration, 11,000-11,5000 injections would be required and 30,000 outpatient visits. When added to the 45,000 annual visits for AMD, it shows the scale of service required and why it is currently overburdened and struggling. The significant knock on costs to the health service as a result of these patients

being more likely to fracture a hip, suffer from depression and earlier admission to nursing homes was also highlighted. The Cost of Blindness Report demonstrates the costs in relation to all these factors and quite clearly indicates that with a proper system in place, significant savings can be generated.

David also discussed how the advances in imaging technology taking place alongside technological advances, from wider field imaging and metabolic imaging, to new OCT imaging techniques and OCT angiography (computer based), is allowing information to be fed into other programmes and automated results given. This is helping in the diagnosis and follow ups with patients and assisting in driving treatment decisions. David said the diabetic screening programme management team is excited to be getting its own adaptive optics system shortly (cone and rod imaging at the back of the eye) which will be very important from a gene therapy aspect and which can show for example the drop off in cones in patients with Achromatopsia.

The need for an integrated IT system in ophthalmic service for the future was stressed, which, through the interpretation of images with new imaging technology, will provide real time results, service appraisal and allow for effective healthcare planning.

Examples of the latest in modern healthcare technology and software were given, including the NHS partnership with Google Deepmind to use machine learning in their fight against sight loss in the UK and the use of IBM Watson technology in cancer care centres in the US. Plans for IBM Watson software to be integrated and aid clinical decision making in the new national children's hospital in Ireland are currently being explored. David raised the point that the entire Irish health sector needs an integrated IT system and that legislation should be enacted in advance of the contract tendering process to ensure the most innovative, sustainable and viable contract is secured.



Yvonne Delaney, Mr Andy Cassels-Brown, Leeds Teaching Hospitals and Professor Roshini Saunders, NHS Fife's Queen Margaret Hospital, Dunfermline, Scotland pictured at the ophthalmology session, RCSI Charter Day on Friday, 10th February.



Billy Power, President, ICO

Colm O'Brien's presentation examined the evolving trends in the delivery of glaucoma services in Ireland, the rates of progression of the disease and innovative ways to enable the increasingly high volume of patients to be seen in a model of shared care. There are 55,000 outpatient visits currently envisaged for 2021 for patients with glaucoma. Only 2% of these will require surgical treatment.

A common disease with a prevalence of 2% in the over 40 population (increases to 5% in 60+), Colm stressed that this is a substantial number of glaucoma patients in a growing population and an issue for Ireland in terms of how we can sustain care in a model which currently has a low number of people to look after these patients. The majority of patients present at pre or early stage glaucoma. A previous audit in the UK showed that 25% of all eye hospital visits was focused around glaucoma in one form or another and the great majority of these patients have stable disease with a low risk of progression but who require on-going management treatment. Colm said it is the patients with advanced disease at diagnosis which are at the highest risk of blindness and who specialists need to be concerned about and be able to see in clinics. He said the hospital based glaucoma specialist should be looking after patients with poorly controlled eye pressure and those with advanced disease and routine, low risk stable cases and suspects (family history etc) managed in a model of shared care virtual clinic, which is properly



Colm O'Brien, Mater Misericordiae University Hospital

resourced and monitored either in the community or hospital setting.

Results from a shared care, virtual monitoring clinic system in operation in the Welsh model of eye care service at Ophthalmic Diagnosis and Treatment s (ODTC) for the last number of years shows that the system is extremely effective and that patient knowledge of their condition improved due to greater one-to-one care with the same team. Virtual monitoring by the consultant of new patients coming in and returns and follow up patients at the ODTC is the key to the whole process, which all feeds back into the central hub. The scheme is supported by the NHS.

A nurse-led, shared care virtual clinic was set up by Colm at the Mater Hospital over the last number of years. Patients (stable and repeat) were identified as suitable for the study and invited to attend. They received a number of tests by the nurse with case notes then reviewed by Colm within the following days. If there was any change in the treatment or monitoring required, the nurse would follow up with the patient and inform them of their care plan. Of the initial 100 patients involved in the study, Colm highlighted that the good real data was that treatment was only adjusted in six patients in that period; five of them were referred back to the main clinic for further assessment. The real challenge he said was the culture change for the patient but also for the doctor, and how a patient likes the reassurance of face to face access with their doctor. However the trial results showed that patients were satisfied

knowing their cases were being monitored by the Consultant and pleased that usual waiting times of four hours in a clinic had been reduced as a result of the scheme trial.

The rationale for the introduction of a Glaucoma Referral Refinement Scheme (GRRS) in Ireland for new referral patients was presented during the talk. Results from an Irish research study of 223 new patients referred by community optometrists to the GRR scheme showed that only 28% were transferred to ophthalmology on first visit, thus releasing hospital clinic slots by reducing false positive referrals (vital to improving services). Initial tests were carried out on referred patients by an orthoptist in the National Optometry Centre, and realistically, Colm said, to a greater degree than is often possible in the overburdened hospital clinic. Data was looked at on a weekly basis by Colm in a virtual clinic, much of it screen based and decisions made. Colm O'Brien highlighted that the GRRS allows for the effective transfer of care back to the community for the majority of patients and allows for the utilisation of optometric expertise in monitoring of suspects.

Professor Roshini Saunders from Scotland and Professor Julie Silvestri from Belfast spoke at the meeting about models of e-referrals and tele-ophthalmology. Professor Saunders

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Conor C. Murphy, Royal Victoria Eye and Ear Hospital, who gave a talk on Innovations and Stem Cells in Ocular Surface Reconstruction and Corneal Transplantation at the ophthalmology session, RCSI Charter Day on Friday, 10th February.

discussed the results of a pilot study carried out in 2007 in Fife's Dunfermline involving 350 consecutive referrals with digital images through the NHS e-referral system. The system facilitated a 24hr turnaround of image review, with 35% of patients receiving an e-diagnosis. Professor Saunders said that the pilot proved to be clinically safe and allowed for the most effective and appropriate use of resources, providing compelling evidence for regional roll out. She stressed that the power and benefit of OCT imaging to the ophthalmic specialty is immeasurable.

Prof Julie Silvestri, National Director for Ophthalmology in Northern Ireland, also spoke on how retinal imaging has transformed eye care services and that electronic care recording has been revolutionary to healthcare delivery in Northern Ireland. Among some of the benefits highlighted in an analysis of the NIECR were reduced human error risk, more informed decision making, a speedier patient journey and reduced duplication of images.

Following her appointment as Clinical Director in 2014 and review of the extensive waiting times for ophthalmology, Professor Silvestri initiated a pilot nurse-led imaging review clinic initiative for 125 of her patients who were waiting two years for their follow up appointments. The clinic was a new departure from the normal service also in that it would run without a Consultant. All patients were informed by letter of this and told that the images would be reviewed by the Consultant in a virtual clinic. One of Prof. Silvestri's key aims in carrying out the pilot was to assess whether this system would assist in decision making. Of the 125 patients invited to attend 86 agreed. Following imaging, Prof. Silvestri reviewed the scans and wrote to the patient, copying GP. The discharge rate from the scheme was at 50% which Prof. Silvestri said she could never have achieved in face to face consultations and in terms of efficiency and cost saving, it allowed her to review 40-45 patient cases as opposed to the 15 patients she might manage to see in a normal clinic. Getting through

the backlog of review patients in a more efficient and timely manner also resulted in 11% being recognised as needing urgent review. There was significant patient satisfaction with the system. The pilot was also made easier due to the NIECR allowing the patient's full medical history in all specialties to be visible at a glance.

Imaging clinics are in operation in Northern Ireland at present but there is huge demand for a greater service delivery and currently a backlog exists, Prof. Silvestri stressed. She said 'Live Imaging' clinics are hugely efficient and offer great patient satisfaction. Patients are scanned and the Consultant is on site reading the images and determining whether the patient should stay to have their injection that same day, performed by a trained nurse practitioner, or whether the patient can go home and given their next appointment. Prof. Silvestri stressed that this saves a lot of unnecessary additional admin and most importantly the patient is treated if necessary and doesn't have to worry about injection delays. Since the introduction of these clinics, injections have grown from 3,000 to 9,000 a year, without any increase in medical manpower necessary as nurse practitioners have been trained to carry out injections.

Prof. Silvestri said that if we are to manage the ever increasing demand for services due to our ageing population and new time sensitive treatments, that is essential to embrace technology and greater healthcare partnerships to allow for a more efficient and reliable service.

The parallel ophthalmology session also included a fascinating presentation on *Innovations and Stem Cells in Ocular Surface Reconstruction and Corneal Transplantation* by Conor Murphy, Royal Victoria Eye and Ear Hospital, in which Murphy referenced the significance of the first limbal stem cell transplantation carried out in Ireland by Billy Power in 2016.

This was followed by an equally enlightening talk by Paul Kenna on Gene Therapy applied to Eye Disease, which highlighted the outstanding pace of progress being made in genetic research and knowledge of genes causing inherited retinal disease since



David Keegan, Mater Misericordiae University Hospital, who gave a talk on *What is Changing in the Delivery of Services for Retinal Disease at the ophthalmology session, RCSI Charter Day on Friday, 10th February.*

the first identification of rhodopsin in 1989. There are currently 17 active clinical trials of genetic eye disease underway, including trials for patients with Stargardt's disease, Usher Syndrome, LCA and RP. Knowledge of the causative gene(s) (genetic linkage, next generation sequencing (NGS) etc) is showing that gene replacement will be the approved treatment for inherited retinal degeneration conditions in the future, including treatment for Leber Congenital Amaurosis (LCA), a most challenging condition to try and treat. SPK-RPE65 will be the first approved gene therapy for IRD following outcomes from multiple human clinical trials which show that it has not only stopped progression of the condition but can lead to an improvement in visual function. Paul highlighted the work of Fighting Blindness and the Target 5000 project which aims to provide genetic diagnosis for Irish patients and compare patient suitability for potential participation in clinical trials. He said human clinical trials will increase in number in the near future, making genetic diagnosis more important. Suppression and replacement are also being developed as a gene therapy for rhodopsin linked autosomal dominant Retinitis Pigmentosa.

In the afternoon 'Hot Topics' session of the Charter Day, ICO President Billy Power spoke on *New Frontiers in Ophthalmology – from stem cells to teleophthalmology.*